

CLAIMS ONLY							Application Number	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Applicant(s)		
	Indep	Depend	Indep	Depend	Indep	Depend			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10			1						
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45									
46									
47									
48									
49									
50									
Total Indep									
Total Depend									
Total Claims			54	52					
			50	56					

BEST AVAILABLE COPY